

DERGOSITS & NOAH LLP

FILE COPY ATTORNEYS AT LAW

FOUR EMBARCADERO CENTER, SUITE 1450 SAN FRANCISCO, CALIFORNIA 94111 TELEPHONE: (415) 705-6377 FACSIMILE: (415) 705-6383 http://www.dergnoah.com

FACSIMILE TRANSMISSION COVER SHEET

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the documents and fees described herein are being transmitted on September 19, 2006, to USPTO fax number 703-308-7749, addressed to: Ms. Marcia M. Robinson, OIPE, USPTO, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 20, 2006 By:

Paul Tomita

TO:

Ms. Marcia M. Robinson

FACSIMILE NO.:

703-308-7749

OIPE

USPTO

TELEPHONE NO.:

703-308-9010

703-308-1202

Todd A. Noah FROM:

DATE: Sept. 20. 2006 PAGES:

3 (including cover)

OUR REF. NO.: 937.03

RE:

U.S. Patent Application No. 10/734,929

Inventor: Richard S. Ginn

COMMENTS:

Dear Ms. Robinson:

We just received the above-referenced case from another law firm and must have the attached revocation and new power of attorney filed as soon as possible because we must file a response to a

pending Office Action.

We would appreciate it if you could expedite the processing of this filing. Please do not hesitate to call me if you have any questions or

comments. Your assistance is greatly appreciated.

Todd Noah

Hard Copy To Follow: Yes XNo

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS CONFIDENTIAL AND MAY ALSO CONTAIN PRIVILEGED ATTORNEY-CLIENT INFORMATION OR WORK PRODUCT. THE INFORMATION IS INTENDED FOR THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE PERSON RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU

P.2/3

SEST AVAILABLE COPY

09/20/2006 08:49 FAX

2001/002

PTO/\$8/82 (01-06)

Approved for use through 12/31/2008, CMB 0851-0035 U.S. Patent and Tracemark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1965, no parsons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY** AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/734.929 Filing Date 12/12/2003 First Named Inventor Ginn, Richard S 3734 Art Unit **Examiner Name** Anderson, Michael T. Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to; The address associated with Customer Number: 8685 OR Todd A. Noah, Esq. Derosits & Noah U.P Address Four Embarcadero Center, Sulte 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Innah@dergnoah.com
I hereby appoint the practitioners associated with the Customer Number: I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 8685
I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 8685 R Firm or Individual Name Derosits & Noah, Esq. Derosits & Noah LLP Address Four Embarcadoro Center, Sulte 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Inoah@dergnoah.com
The address associated with Customer Number: OR Firm Or Individual Name Derosits & Noeh LLP Address Four Embarcadero Center, Suite 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Inoah@dergnoah.com
The address associated with Customer Number: OR Firm Or Individual Name Derosits & Noeh LLP Address Four Embarcadero Center, Suite 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Inoah@dergnoah.com
The address associated with Customer Number: OR Firm Or Individual Name Derosits & Noeh LLP Address Four Embarcadero Cenler, Sulte 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Inoah@dergnoah.com
Customer Number: OR Firm or Individual Name Derosits & Noeh LLP Address Four Embarcadero Center, Sulte 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Innosh@dergnosh.com
Firm or Individual Name Derosits & Noah LLP Address Four Embarcadero Center, Sulte 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email Inoah@dergnoah.com
Individual Name Derosits & Noeh LLP Address Four Embarcadero Center, Suite 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email inoah@dergnoah.com
Address Four Embarcadero Center, Suite 1450 City San Francisco State CA Zip 94111 Country US Telephone 415-705-6377 Email inoah@dergnoah.com
Country US Telephone 415-705-6377 Email inoah@dergnoah.com
Country US Telephone 415-705-6377 Email inoah@dergnoah.com
Telephone 415-705-6377 Email Inoah@dergnoah.com
1415-705-6377
I am the:
Applicant/inventor
Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record
Signature Mftll
Name Thomas Palermo
Date September 19, 2006 Telephone (408) 745-7610
NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple terms 1 more than one signature is required, see below:
Total of 2 forms are submitted.

to process) an application. Confidentially is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14 This collection is estimated to take 3 minutes to complete, Including gethering, propering, and submitting the completed application form to the USPTO. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burgen, should be sent to the Chief Information Officer. U.S. Patent and Trademurk Office, U.S. Copanimons of Commerce, P.O. Box 1450, Alexandria, VA 22319-1450. DD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

BEST AVAILABLE COPY

PTO/SQ:86 (12-05)
Approved for use through 07/31/2008. OMB 0851-0031
U.S. Palant and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid DMB control number.		
STATEMENT UNDER 37 CFR 3.73(b)		
Applicant/Patent Owner Ensure Medical Inc.		
Application No./Patent No./Control No.: 10/734.929 Filed/Issue Da	te: <u>12/12/2003</u>	
Entitled. APPARATUS AND METHODS FOR SEALING VASCULAR PUNCTURES		
Ensure Medical, Inc. , a corporation		
(Name of Assignee) (Type of Assignee: co	poration, partnership, university, government agency, etc.,	
states that it is. 1. the assignee of the entire right, title, and interest; or		
2. an assignee of loss than the entire right, title and interest ("The extent (by percentage) of its ownership interest is%)		
in the patent application/patent identified above by virtue of either:		
A. An assignment from the Inventor(s) of the patent application/patent Identifies in the United States Patent and Trademark Office at Reel, For original assignment is attached.	d above. The assignment was recorded rame, or a true copy of the	
OR B. A chain of title from the inventor(s), of the patent application/patent identifies	d above, to the current assignee as follows.	
1. From: Core Medical, Inc. To. Ensure Medical, I	ng.	
The document was recorded in the United States Patent and Trader Reel 015215 . Frame 0867 . or for which a co	nark Office at py thereof is attached.	
2. From: Integrated Vascular Systems, inc. The document was recorded in the United States Patent and Trader Real 012788 Frame 0632 or for which a	nark Office at	
3 From: Richard Ginn and Stephon Selmon To: Integrated Vascular The document was recorded in the United States Patent and Trader Reel 011753 Frame 0792 , or for which a	nark Office at	
Additional documents in the chain of title are listed on a supplemental si	eet.	
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain assignee was, or concurrently is being, submitted for recordation pursuant [NOTE: A separate copy (i.e., a true copy of the original assignment document Division in accordance with 37 CFR Part 3, to record the assignment in (302.08)	to 37 CFR 3.11. ht(s)) must be submitted to Assignment	
The undersigned (whose the is supplied below) is authorized to act on behalf of t	1	
- Mral	<u>September 18, 2006</u>	
Signature	Date	
Thomas Palermo	(408) 745-7610	
Printed or Typed Name	Telephone Number	
vice President of Operations		
Title Title		

This collection of information is required by 37 CFR 3.73(b) The information is required to obtain or tetain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA. [22313-1450. DO NOT SEND FIES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.